10/27/2016 15:46

Image# 201610279036648019 PAGE 1/2

## 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Citizens for John	Rutherford	d							
ADDRESS (number and street) 30	30 Hartley Rd								
Si	e 120								
CITY STATE			STATE	ZIP CODE					
Jacksonville FL			FL	32257-8210					
2. NAME OF CANDIDATE				3. OFFICE SOU	GHT (Sta	ate and Distri	ct)	4. FEC IDENTIFICATION	ON NUMBER
Rutherford, John, , ,				House		FL	04	C00615294	
5. IS THIS AN AMENDMENT?	NO, THIS IS A N	NEW FILING		YES, IT AMEN	DS THE	NOTICE FILE	ED ON	/	1
Fiorentino, T.Martin, , , Jr.				Name of Employer The Fiorentino Group				Date (month, day, year)	Amount
MAILING ADDRESS 1520 Sawgrass Village Drive #373				Transaction ID: 6345ACDE89A76476				10/27/2016	1000.00
CITY	STATE	ZIP CO	DE	Occupation			07110110	-	
Ponte Vedra Beach	FL	22000	2 5052	President					
			2-5052					Date (month,	Amount
B. FULL NAME Vulcan Materials Company Political Action Committee				Name of Employer				day, year)	Amount
MAILING ADDRESS							10/27/2016	4000.00	
PO Box 385014				Transaction I	D : 6E	C5AB62D	1137437 <sup>2</sup>	1	
CITY STATE ZIP CODE		DE	Occupation				-		
Birmingham	ningham AL 35238-5014		8-5014						
C. FULL NAME				Name of Emplo	over			Date (month,	Amount
Crowley Maritime Co	orporation F	Federal F	PAC		,			day, year)	
MAILING ADDRESS				_				10/27/2016	2500.00
9487 Regency Square Blvd			Transaction ID : 6CC13524456944904						
CITY	STATE	ZIP CODE		Occupation				-	
Jacksonville	FL	32225	5-8183						
D. FULL NAME		<u> </u>		Name of Emplo	over			Date (month,	Amount
American Financial Services Association PAC			Name of Employer				day, year)		
MAILING ADDRESS				_				10/27/2016	1000.00
MAILING ADDRESS 919 18th St NW				Transaction II	D . 621	-aerenei	-E2D4240		
Ste 300	STATE ZIP CODE		DE	Transaction ID: 62F2EFFD6E53D4249			20304248	-	
Washington	DC		06-5526	Occupation					
E. FULL NAME Asian American Hote	J Owner As	enciation	DAC	Name of Emplo	oyer			Date (month, day, year)	Amount
Asian American note	i Owner As	Sociation	1 70					day, year)	
MAILING ADDRESS 5845 Richmond Hwy							10/27/2016	1000.00	
Ste 820			Transaction ID : 675CDEF5052544AB9			2544AB	-		
CITY	STATE ZIP CODE		DĒ	Occupation					
Alexandria	VA	2230	3-1872						
SIGNATURE (optional) Wilson, J, , ,				[Electronically I	Filed]	<b>DATE</b> 10/27/20	16	Federal E 999 E Street, N	information contact: Election Commission W, Washington, DC 20463 I-9530, Local 202-694-1100



Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL		1	
Citizens for John Rutherford			
ADDRESS (number and street) 3030 Hartley Rd		1	
Ste 120			
CITY, STATE, and ZIP CODE		continuation	on nage
Jacksonville	FL 32257-8210		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER	
Rutherford, John, , ,	House FL 04	C00615294	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
American Hospital Association PAC		day, year)	3500.00
800 10th St NW		10/27/2016	2500.00
Two City Center, Suite 400	Transaction ID : 6FD7FE9113F474C1	5AE2	
Washington DC 20001-5188	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
		aay, you.,	
	Occupation		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
F FULL NAME MAILING ADDRESS AND TID CODE	N (5 )	Date (month,	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	day, year)	, anount
	Occupation		